

# THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

32020

State File No.

Registrar's No.

OCT 14 1952

BIRTH NO.

REG. DIST. NO.

PRIMARY REG. DIST. NO.

Registrar's No.

1. PLACE OF DEATH a. COUNTY <b>Jasper</b>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jasper</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Joplin</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Joplin</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. John's Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>American Hotel, 722 Main</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Byron</b> b. (Middle) <b>Lewis</b> c. (Last) <b>Hughes</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>October 1, 1952</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never married</b>	8. DATE OF BIRTH <b>Mar. 16, 1906</b>
9. AGE (In years last birthday) <b>46</b>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Clerk</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Wilder's Restaurant</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Springfield, Mo.</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13. FATHER'S NAME <b>Walter Hughes</b>	
14. MOTHER'S MAIDEN NAME <b>Fannie</b>		15. NAME OF HUSBAND OR WIFE <b>none</b>	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>yes</b> (If yes, give war or dates of service) <b>World War II</b>		17. SOCIAL SECURITY NO. <b>530-16-6891</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary thrombosis</b>  ANTECEDENT CAUSES <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b> DUE TO (b) <b>Pneumonitis</b>  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS <b>Conditions contributing to the death but not related to the disease or condition causing death. Duodenal ulcer, femoral hernia</b>	
20. INTERVAL BETWEEN ONSET AND DEATH <b>5 days</b>		21. DATE OF OPERATION <b>492X</b>	
22. MAJOR FINDINGS OF OPERATION		23. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
24. ACCIDENT SUICIDE HOMICIDE (Specify)		25. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
26. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE)		27. HOW DID INJURY OCCUR?	
28. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		29. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
30. I hereby certify that I attended the deceased from <b>8/14</b> , 19 <b>52</b> , to <b>10/1</b> , 19 <b>52</b> , that I last saw the deceased alive on <b>10/1</b> , 19 <b>52</b> , and that death occurred at <b>5 p. m.</b> , from the causes and on the date stated above.			
31. SIGNATURE (Degree or title) <b>Dr. J. H. Smith</b>		32. ADDRESS <b>420 Byers Avenue, Joplin, Mo.</b>	
33. DATE SIGNED <b>10/3/52</b>		34. DATE <b>10-3-52</b>	
35. NAME OF CEMETERY OR CREMATORY <b>Osborne</b>		36. LOCATION (City, town, or county) (State) <b>Joplin, Missouri</b>	
37. DATE REC'D BY LOCAL REG. <b>10/17/52</b>		38. REGISTRAR'S SIGNATURE <b>Steve Parker</b>	
39. FUNERAL DIRECTOR'S SIGNATURE <b>Steve Parker Mortuary</b>		40. ADDRESS <b>Joplin, Mo.</b>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 10-13-52  
Jasper County Health Office

County File Number 52/10/787

Date Filed 10-13-52

OCT 20 1952

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.